



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Francine C. Ecker
Director

August 28, 2017

1100 Bank Street
Richmond, Virginia 23219
(804) 786-4000
TDD (804) 786-8732

Ring Protect Inc.
1523 26th Street
Santa Monica, CA 90404

Dear Licensee:

Your application with the Department of Criminal Justice Services has been approved. You will find your credential enclosed.

Please review all of the information to ensure that it is correct. If there are any errors, please contact us at 804-786-4700 or via email at ora.info@dcjs.virginia.gov so that your information can be corrected.

Security Services

PHONE: (804) 786-4700 • FAX (804) 786-6344 • TDD (804) 786-8732

Tow Truck Driver Registrations

(804) 367-0714 • Fax (804) 786-6344

Mailing Address: P.O. Box 1300, Richmond, VA 23218 • Office Location: 1100 Bank Street, Richmond, Virginia 23219

Criminal Justice Services Board • Committee on Training • Advisory Committee on Juvenile Justice and Prevention
Advisory Committee to the Court Appointed Special Advocate and Children's Justice Act Programs
Advisory Committee on Sexual and Domestic Violence • Private Security Services Advisory Board

www.dcjs.virginia.gov



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcis.virginia.gov/pss

Status Hotline
(804) 786-1132
1-877-9STATUS

Private Security Services –
INITIAL BUSINESS LICENSE APPLICATION 1-Year \$550.00 or 2-YEAR \$800.00

IMPORTANT INFORMATION

- A Fingerprint Application, Fingerprint Card, and \$50.00 non-refundable fee is required for all principals (Owners/Officers/Directors) and supervisors of the business. Electronic Security Service Businesses must submit a Fingerprint Application for each electronic security employee. Please note a criminal history records check may take up to 45 days to process.
- The license application includes one category of service. A \$50.00 non-refundable category fee is required for each **additional** license category selected.
- Please attach proof of liability: A Surety Bond (minimum \$100,000) or Certificate of General Liability Insurance (minimum \$100,000/\$300,000). Please ensure the Department is listed as a certificate holder.
- Businesses located outside of the Commonwealth of Virginia must complete an Irrevocable Consent for Service form and list a physical address in Virginia where records will be maintained.

11/15/770

License Requested		<input type="checkbox"/> One-Year	<input checked="" type="checkbox"/> Two-Year
Applicant Information			
Federal ID Number: 61-1846686	Business Name: Ring Protect Inc.		
DBA/Trade As Name: Same As Above			
Mailing Address (Street/Apt.#): 1523 26th Street		City, State, Zip: Santa Monica, Ca 90404	
Physical Address (if different than mailing address): Same As Above		City, State, Zip:	
Physical Address in Virginia where records are maintained: Bank of America Center 16th Floor 111 East Main St		City, State, Zip: Richmond, VA 23219	
Email Address: george.bish@ring.com			
Business Phone: (504) 496-0125		Fax: ()	
License Category(s) Requested (check each that apply)			
<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Canine Handler Services:	
<input type="checkbox"/> Personal Protection Specialist	<input checked="" type="checkbox"/> Electronic Security Services	<input type="checkbox"/> Security Canine	
<input type="checkbox"/> Security Officers / Couriers	<input type="checkbox"/> Armored Car Personnel	<input type="checkbox"/> Detector Canine	
Type of Ownership (check one)			
<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Corporation*	
<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Company*	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Limited Partnership*	

* Virginia State Corporation Commission Number: F2063750 (if applicable)

Business/trade name must be registered with the Virginia State Corporation Commission (SCC).
For additional information contact the SCC at (804) 371-9733.

List all Principals (Owners / Officers / Directors) attach additional sheet if needed

Name: Melvin Tang SSN or DCJS ID Number: _____

Name: Leila Rouhi Shaffer SSN or DCJS ID Number: _____

Name: _____ SSN or DCJS ID Number: _____

Name: _____ SSN or DCJS ID Number: _____

Primary Compliance Agent (for additional compliance agents, please complete the form available online at www.dcjs.virginia.gov/forms/privateSecurity/pss_cd.pdf)

Name: George Bish SSN or DCJS ID Number: _____

Compliance Agent Signature: _____

Date: 6/25/17

Affirmation

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

Signature Required: _____

President/Principal Owner

Date: 06/23/17
mm/dd/yy

Printed Name: Melvin Tang

CHECK LIST OF ITEMS TO INCLUDE:

☐ **Initial License Fee—**

- 1-Year \$550.00
- 2-Year \$800.00

☐ **If applicable, Additional License Category Fee(s)—\$50.00**

☐ **For all principles of the business:**

Fingerprint Application Form, Fingerprint Card and Fee—\$50.00

☐ **Proof of Liability – Surety Bond or Certificate of General Liability Insurance**

☐ **If applicable – Irrevocable Consent for Service Form**

TOTAL FEES ENCLOSED: _____

All fees are non-refundable. Applications received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA,
or pay by credit card using the Credit Card form available at www.dcjs.virginia.gov/forms/privateSecurity/pss_cc.pdf
— this form must be included with your application package when paying by credit card.



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Department of Criminal Justice Services

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(804) 786-1132
1-877-9STATUS

Private Security Services – IRREVOCABLE CONSENT FOR SERVICE

IMPORTANT INFORMATION

This application is for businesses/training schools located outside the State of Virginia.

Information

Business or Training School Name:

Ring Protect Inc.

Trading As:

Mailing Address (Street/Apt.#):

1523 26th Street

City, State, Zip:

Santa Monica, CA 90404

Physical Address (if different than mailing address):

Same As Above

City, State, Zip:

Compliance Agent or Training Director:

George J. Bish

DCJS ID Number

99-

Email Address: george.bish@ring.com

Business Phone: (504) 496 - 0125

Fax: () -

Irrevocable Consent

WHEREAS, I, or WE, the above-names applicant for license privileges as a Private Security Services Business, trading and/or operating individually, or for or under the firm name of Ring Protect Inc., have made application for a license to act as a Private Security Services Business, Non-Resident, within the Commonwealth of Virginia, in accordance with the provisions of Chapter 27, Title 9, of the *Code of Virginia*, 1950 As Amended.

WHEREAS, under the provisions of said Chapter, it is necessary to file with the Director, Department of Criminal Justice Services, Richmond, Virginia, and irrevocable consent that actions against the subscriber(s) may be filed in any appropriate court of any county or municipality of this Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director or the Department. Such consent shall stipulate and agree that such service of process shall be valid and binding for all purposes.

NOW, THEREFORE, I, or WE, Ring Protect Inc., the above names applicant for license privileges as a Private Security Services Business as aforesaid, hereby execute and file with the Director of the Department of Criminal Justice Services my (or our) Irrevocable Consent the actions against subscriber(s) may be filed in any appropriate court or municipality of the Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director of the Virginia Department of Criminal Justice Services. Such consent shall stipulate and agree that such services of process shall be valid and binding for all purposes.

IN WITNESS WHEREOF, I or WE, Ring Protect Inc. have hereunto signed our name this 28 day of June, 2017.

Signature of Principal or Owner

Signature of Compliance Agent

NOTARY: Commonwealth of North Carolina

County/City Cabarrus / Concord

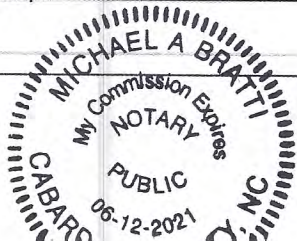
Subscribed and sworn to before me this 28th day of June, 2017.

Notary Name (Print): Michael A Bratti

My Commission Expires: 06-12-2021

Signature: Michael A Bratti

Date: 6.28.2017





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	JLT Specialty USA 555 W. 5th Street, Suite 670 Los Angeles, CA 90013	CONTACT NAME:	Rebecca K. Harris	
		PHONE (A/C, No, Ext):	213-358-2152	FAX (A/C, No):
		E-MAIL ADDRESS:	rebecca.harris@jltus.com	
www.jltus.com		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	Travelers Property Casualty Co of Amer	25674
INSURED	Ring Protect Inc. 1523 26th Street Santa Monica CA 90404	INSURER B:	Indian Harbor Insurance Company	36940
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 36453794

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Contractual Liability			ZPP-15T63907-16-15	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA-9H015196-16-TEC	11/1/2016	11/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			ZUP-81M69586-16-15	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Foreign Liability			ZPP21N82359	11/1/2016	11/1/2017	Each Occurrence Limit: \$2,000,000 General Aggregate: \$2,000,000 Each Wrongful Act: \$2,000,000 SIR: \$100,000
B	Errors and Omissions			MTP 9034368	12/19/2016	4/25/2018	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance.

CERTIFICATE HOLDER**CANCELLATION**VA Dept. of Criminal Justice Services
PO Box 1300
Richmond VA 23218

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rebecca Harris

RKH

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**Alert to corporations regarding unsolicited mailings from
VIRGINIA COUNCIL FOR CORPORATIONS is available from the
Bulletin Archive link of the Clerk's Office website.**

S
Cor

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CISM0180

CORPORATE DATA INQUIRY

07/21/17

08:18:08

CORP ID: F206375 - 0 STATUS: 00 ACTIVE STATUS DATE: 07/07/17
CORP NAME: Ring Protect Inc.

DATE OF CERTIFICATE: 07/07/2017 PERIOD OF DURATION: INDUSTRY CODE: 00
STATE OF INCORPORATION: DE DELAWARE STOCK INDICATOR: S STOCK
MERGER IND: CONVERSION/DOMESTICATION IND:
GOOD STANDING IND: Y MONITOR INDICATOR:
CHARTER FEE: 50.00 MON NO: MON STATUS: MONITOR DTE:
R/A NAME: CORPORATION SERVICE COMPANY

STREET: BANK OF AMERICA CENTER 16TH FL
1111 EAST MAIN ST

AR RTN MAIL:

CITY: RICHMOND

STATE : VA ZIP: 23219-0000

R/A STATUS: 5 B.E. AUTH IN VI EFF. DATE: 07/07/17 LOC : 216

ACCEPTED AR#: 000 00 0000 DATE: RICHMOND CITY

CURRENT AR#: 000 00 0000 DATE: STATUS: ASSESSMENT INDICATOR: 0

YEAR	FEES	PENALTY	INTEREST	TAXES	BALANCE	TOTAL SHARES
00						1,000

(Screen Id:/Corp_Data_Inquiry)

Alert to corporations regarding unsolicited mailings from VIRGINIA COUNCIL FOR CORPORATIONS is available from the Bulletin Archive link of the Clerk's Office website.

S
Cor

Virg

CISM1001 OFFICERS/DIRECTORS AND PRINCIPAL OFFICE

07/21/17

08:18:49

CORPORATE ID: F206375 CURRENT AR# DATE

CORP NAME: Ring Protect Inc.

STREET: 1523 26TH STREET

CITY: SANTA MONICA

STATE: CA ZIP: 90404

DIR REQUIRED: Y

S C

E A

OFFICERS/DIRECTORS DISPLAY FOR AR#

L T

NAME

TITLE

SIGN

☐ B

MELVIN TANG

CEO/PRE/TRE/DIR

☐ O

LEILA ROUHI SHAFFER

SECY

(Screen Id:/Corp_Officer_Director PO_Inquiry)

Alert to corporations regarding unsolicited mailings from VIRGINIA COUNCIL FOR CORPORATIONS is available from the Bulletin Archive link of the Clerk's Office website.

S
Cor

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CIS4182 - NO FICTITIOUS NAMES FOUND

07/21/17

CISM3120

FICTITIOUS NAME INQUIRY

08:18:57

CORP ID: F206375 - CORP STATUS: 00 ACTIVE

CORP NAME: Ring Protect Inc.

DATE

FICTITIOUS NAME(S)

(Screen Id:/Corp_Name_Inquiry_Corp)



Reed, Marilyn <marilyn.reed@dcjs.virginia.gov>

Virginia Private Security Service Business License Renewal - Certificate of Insurance - Ring Protect Inc. (George Bish)

2 messages

Tiffany Smith <tiffanysmith@compliancesolutions.us>

Wed, Jun 26, 2019 at 5:05 PM

To: "Reed, Marilyn" <marilyn.reed@dcjs.virginia.gov>

Cc: Katie McAlister <katie.mcalister@compliancesolutions.us>, Kate Fisher <katefisher@compliancesolutions.us>

Hi Marilyn,

Please see the attached Certificate of General Liability Insurance for Ring Protect Inc. license number 11-15770. If you have any questions, please feel free to ask!

Thank you,

Tiffany Smith

tiffanysmith@compliancesolutions.us

www.compliancesolutions.us

Tel 704.288.1798 ext. 103

121 W Council Street, Suite 301 Salisbury, NC 28144



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2 attachments**Certificate of General Liability Insurance - Ring Protect Inc. 6-26-2019.pdf**

180K

**06-26-2019- Commonwealth of Virginia DCJS - Business License Renewal - Ring Protect Inc..pdf**

218K

Reed, Marilyn <marilyn.reed@dcjs.virginia.gov>

Wed, Sep 18, 2019 at 9:37 AM

To: Leon Baker <leon.baker@dcjs.virginia.gov>

11-15770

[Quoted text hidden]

--

*Marilyn Reed**Business Program Specialist**Division of Licensure and Regulatory Services**Virginia Department of Criminal Justice Services**1100 Bank Street, Richmond VA 23219**Phone: (804)786-5490 Fax:(804)786-6344**<http://www.dcjs.virginia.gov>*For up to date information, subscribe to DCJS Updates: www.dcjs.virginia.gov/subscribeVisit us on Facebook: www.facebook.com/vadcjs and Flickr: www.flickr.com/photos/va_dcjs**CONFIDENTIALITY NOTICE:**

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2 attachments**Certificate of General Liability Insurance - Ring Protect Inc. 6-26-2019.pdf**

180K

**06-26-2019- Commonwealth of Virginia DCJS - Business License Renewal - Ring Protect Inc..pdf**

218K



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2019

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PRODUCER
Marsh USA, Inc.
1301 5th Avenue, Suite 1900
Seattle, WA 98101
Attn: Julie Metzger (206) 214-3076

CONTACT
NAME:
PHONE
(A/C, No, Ext):
E-MAIL
ADDRESS:

FAX
(A/C, No):

CN103030681-STND-GAWU-19-20

INSURED
Ring Protect Inc.
2121 7th Ave
Seattle, WA 98121

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Zurich American Insurance Company		16535
INSURER B : Liberty Insurance Underwriters Inc.		19917
INSURER C : American Zurich Insurance Company		40142
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

SEA-003618911-01

REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X	COMMERCIAL GENERAL LIABILITY					GLO736771400	01/01/2019	01/01/2020	EACH OCCURRENCE		\$	5,000,000	
		CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$	5,000,000			
	X	SELF INSURED RETENTION			MED EXP (Any one person)					\$	0			
	X	\$2,000,000			PERSONAL & ADV INJURY					\$	5,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE					\$	10,000,000			
	X	POLICY		PRO-JECT		LOC				PRODUCTS - COMP/OP AGG		\$	10,000,000	
		OTHER:										\$		
A	AUTOMOBILE LIABILITY						BAP4678512-06	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)		\$	10,000,000	
	X	ANY AUTO			BODILY INJURY (Per person)					\$				
		OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per accident)					\$				
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)					\$				
										\$				
										\$				
B	X	UMBRELLA LIAB		X	OCCUR	TH7621095303019	01/01/2019	01/01/2020	EACH OCCURRENCE		\$	25,000,000		
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE		\$	25,000,000		
		DED		RETENTION \$					\$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N N	N / A	WC4678509-06 AOS	01/01/2019	01/01/2020	X	PER STATUTE		OTH-ER	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						WC4678510-06 MA, WI	01/01/2019	01/01/2020	E.L. EACH ACCIDENT		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						WC0028430-03 MN	01/01/2019	01/01/2020	E.L. DISEASE - EA EMPLOYEE		\$	1,000,000	
										E.L. DISEASE - POLICY LIMIT		\$	1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

DCJS, Division of Licensure and
Regulatory Services
PO Box 1300
Richmond, VA 23218

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Jean Aguirre

Jean Aguirre



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2019

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PRODUCER
Marsh USA, Inc.
1301 5th Avenue, Suite 1900
Seattle, WA 98101
Attn: Julie Metzger (206) 214-3076

CONTACT
NAME:
PHONE
(A/C, No, Ext): **FAX**
(A/C, No):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIG #

CN103030681-STND-GAWU-19-20

INSURER A : Zurich American Insurance Company 16535

INSURER B : Liberty Insurance Underwriters Inc. 19917

INSURER C : American Zurich Insurance Company 40142

INSURER D :

INSURER E :

INSURER F :

INSURED
Ring Protect Inc.
2121 7th Ave
Seattle, WA 98121

COVERAGES

CERTIFICATE NUMBER:

SEA-003618911-01

REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SELF INSURED RETENTION <input checked="" type="checkbox"/> \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO736771400	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP4678512-06	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			TH7621095303019	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC4678509-06 AOS WC4678510-06 MA, WI WC0028430-03 MN	01/01/2019 01/01/2019 01/01/2019	01/01/2020 01/01/2020 01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

DCJS, Division of Licensure and
Regulatory Services
PO Box 1300
Richmond, VA 23218

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Jean Aguirre

Jean Aguirre

Confirmation

Please review the information below in regards to your Private Security Services Business License Renewal Application. If any of the information is incorrect, use the link next to that section to redirect to that webpage. Once you have confirmed the information is correct, please select the next button.

Business Information

Business Name: Ring Protect Inc.

DBA/Trading as Names (Fictitious Name) Ring Protect Inc.

Type of Ownership: Corporation

Virginia State Corporation Commission Number: F206375-0

FEIN: 611846686

DCJS ID: 11-15770

Address Information**Mailing Address**

Street 1: 1523 26th Street

Street 2:

City: Santa Monica

State: CA

Zip: 90404

Primary Phone: (504) 534-5201

Business Phone: (504) 534-5201

Other Phone:

Fax:

Email Address: george.bish@ring.com

Website:

Physical Address

Street 1: 1523 26th Street

Street 2:

City: Santa Monica

State: CA

Zip: 90404

Virginia Address Where Records are Maintained

Street 1: 100 Shockoe Slip

Street 2:

City: Richmond

State: VA

Zip: 23219

Satellite/Branch Office**Principals**

Name	Address	City, State Zip	DCJS ID/SSN
Leila R Shaffer	1523 26th Street	Santa Monica, CA 90404	99-473190
Melvin Tang	1509 Walnut Avenue	Manhattan Beach, CA 90266	99-473189

Compliance Agent(s)

Name	Address	City, State Zip	DCJS ID
George Bish - Primary	33 Mary Circle	Concord, NC 28025	99-038730
Michael Slossar -	983 Kingston Drive	Cherry Hill, NJ 08034	99-322692

Bond/Insurance

Insurance

Insurance Issue Date	Insurance Expiration Date	Insurance Company	Insurance Number	Amount
01/01/2019	01/01/2020	Marsh USA, Inc.	GLO736771400	\$10,000,000.00

Category

License Category

Electronic Security Services

Affidavit

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial or revocation and may result in criminal charges. I understand that I am responsible for maintaining full compliance with **the Code of Virginia and the Virginia Administrative Code**.

I Agree: ☒Name: Title: *Indicates required field.

06/26/2019 03:02 PM